

## EMS Tuition Reimbursement Program Instruction

The Nebraska Legislature has set aside money to reimburse EMS providers and services for EMS education.

### ELIGIBILITY

In order for an individual to be eligible for reimbursement for an INITIAL or a REINSTATEMENT course, they must hold an active (not temporary) Nebraska EMS license at the level that they are requesting reimbursement for.

Providers requesting INITIAL course reimbursement for the EMR to EMT Bridge, must have been a Nebraska licensed EMR during the course and at the time that they were granted an EMT license. Providers requesting INITIAL course reimbursement for the “Nurse Bridge” courses must have been a Nebraska licensed practical nurse or registered nurse during the course and at the time they were granted an EMS license.

REINSTATEMENT requests are only for those persons that previously held a Nebraska EMS provider license at the level that they reinstated and are requesting reimbursement. Providers that were not expired/lapsed during their refresher course are NOT eligible for reimbursement.

INITIAL and REINSTATEMENT reimbursement payments are tiered according to the number of days between course completion date and the date the completed application packet is received by the department. Consideration may be given if a delay in licensing is caused due to the background check process. See table below for reimbursement amounts. Requests for reimbursement must be submitted within one (1) calendar year of course completion. Reimbursement funds are limited and will be paid on a first come, first served basis. The Office of Emergency Health Systems reserves the right to reimburse less than or deny reimbursement based on funding limitations. EHS reserves the right to ask for proof of payment for initial or reinstatement tuition fees. Reimbursement amount will not exceed total tuition fee.

### REQUESTING REIMBURSEMENT

Requests for INITIAL or REINSTATEMENT reimbursement must be on the request form. Submit a copy of the course completion certificate from the training agency. Completed form and supporting documentation must be saved or scanned and sent as an attachment to the email address noted on the form.

**Requests will not be accepted if mailed, faxed, or emailed to EHS staff.**

A W-9/ACH form and copy of a blank or voided check or bank letter must be completed by the student if the student is being reimbursed or by the agency if the agency is being reimbursed. **Incomplete reimbursements will not be processed until completed and may be denied if documentation is not received.**

**Email completed form with the required documentation or questions to: [dhhs.sp.EHSContinuingED@nebraska.gov](mailto:dhhs.sp.EHSContinuingED@nebraska.gov)**

### EMS REIMBURSEMENT AMOUNTS

#### INITIAL EDUCATION COURSES (amounts are per eligible provider)

<b>Course Completion to Request Date</b>	<b>Within 60 Days</b>	<b>61-120 Days</b>	<b>121-180 Days</b>	<b>181-365 Days</b>
Emergency Medical Responder (EMR) Course	\$335.00	\$285.00	\$240.00	\$95.00
Emergency Medical Technician (EMT) Course	\$775.00	\$665.00	\$555.00	\$220.00
Advanced Emergency Medical Technician (AEMT) Course	\$1,260.00	\$1,075.00	\$900.00	\$360.00
Paramedic Course	\$5,100.00	\$4,375.00	\$3,600.00	\$1,500.00
Pre-Hospital Emergency Care Course Nurse to EMT Bridge Course	\$615.00	\$525.00	\$440.00	\$175.00
Pre-Hospital Emergency Care Course Nurse to Paramedic Bridge Course	\$2,445.00	\$2,100.00	\$1,745.00	\$700.00
EMR to EMT Bridge Course	\$580.00	\$500.00	\$415.00	\$165.00
EMT to AEMT Bridge Course	\$700.00	\$600.00	\$500.00	\$200.00

#### REINSTATEMENT COURSES (amounts are per eligible provider)

<b>Course Completion to Request Date</b>	<b>Within 60 Days</b>	<b>61-120 Days</b>	<b>121-180 Days</b>	<b>181-270 Days</b>
Emergency Medical Responder Refresher Course	\$115.00	\$100.00	\$80.00	\$30.00
Emergency Medical Technician Refresher Course	\$150.00	\$130.00	\$110.00	\$45.00
Advanced Emergency Medical Technician Refresher Course	\$210.00	\$180.00	\$150.00	\$60.00
Paramedic Refresher Course	\$220.00	\$190.00	\$160.00	\$65.00



# Office of Emergency Health Systems Initial Education Course / Licensure Reinstatement Refresher Reimbursement Request

## Reimbursement Requirements

**PLEASE FILL OUT FORMS ELECTRONICALLY.** With this form, you **MUST** include copies of (NOTE: The W-9/ACH forms are filled out by the student or service who is being reimbursed):

- ★ • A copy of Course Completion Certificate issued by training agency
- ★ • Completed W-9/ACH form **AND** a copy of a blank or voided check or bank letter. ACH form found at: [https://das.nebraska.gov/accounting/forms/ACH\\_W9\\_Fillable.pdf](https://das.nebraska.gov/accounting/forms/ACH_W9_Fillable.pdf)

SECTION A	
Are you licensed as a State of Nebraska emergency care provider at the level you are requesting reimbursement for? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YOU ANSWERED YES TO THE QUESTION ABOVE, CONTINUE BELOW. IF YOU ANSWERED NO, YOU ARE <u>NOT</u> ELIGIBLE FOR REIMBURSEMENT.	
Student Name:	Nebraska EMS License #:
Student Phone Number:	Student Email:
What course did you complete? <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic <input type="checkbox"/> EMR to EMT BRIDGE <input type="checkbox"/> EMT to AEMT BRIDGE <input type="checkbox"/> Nurse to EMT BRIDGE <input type="checkbox"/> Nurse to Paramedic BRIDGE	
Please mark: <input type="checkbox"/> Initial <input type="checkbox"/> Refresher (Reinstatement Only)	
What training agency offered your course?	
Course Location:	Date of Course Completion:

SECTION B	
EMS Agency Name or Employer:	
Signature of person or agency being reimbursed:	Reimbursement to go to: <input type="checkbox"/> Student <input type="checkbox"/> Agency

★ **Email completed form with the required documentation to:** [dhhs.sp.EHSContinuingED@nebraska.gov](mailto:dhhs.sp.EHSContinuingED@nebraska.gov)

For DHHS use only		
Date Application Received:	License Verified:	Service Roster Verified:
Within # of Days:	Amount approved to be paid:	
Approved By:	Date Approved:	On Base Enter Date:
Requestor #:	AB#:	
Comments:		